

ONE HUNDRED EIGHTH LEGISLATURE - FIRST SESSION - 2023
COMMITTEE STATEMENT
LB92

Hearing Date: Tuesday January 24, 2023
Committee On: Banking, Commerce and Insurance
Introducer: Slama
One Liner: Eliminate the requirement that an annual review of a title insurance agent's practices be onsite

Roll Call Vote - Final Committee Action:

Advanced to General File with amendment(s)

Vote Results:

Aye: 8 Senators Aguilar, Ballard, Bostar, Dungan, Jacobson, Kauth, Slama, von Gillern

Nay:

Absent:

Present Not Voting:

Testimony:

Proponents:

Senator Julie Slama
Eric Dunning
Robert Bell

Representing:

Nebraska Legislature
Nebraska Department of Insurance
Nebraska Insurance Federation

Opponents:

Representing:

Neutral:

Representing:

* ADA Accommodation Written Testimony

Summary of purpose and/or changes:

The bill would amend one statute relating to the annual review of title insurance agents. The bill would provide, section by section, as follows:

Section 1 amends section 44-1993 in order to eliminate the requirement that an annual review of a title insurance agent's practices by a title insurer be onsite.

Section 2 repeals the statutes amended.

Explanation of amendments:

The committee amendments (AM484) contain the provisions of LB92 (Section 3 of AM484) and also the provisions of five other bills that were heard by the Banking, Commerce and Insurance Committee and each made a part of the committee amendments on an 8-0 vote. Those bills are as follows:

LB145 (Bostar) as amended by AM354 Change provisions relating to coverage for screening mammography and breast examinations (Section 1 of AM484)

The bill would amend section 44-785, a statute that relates to insurance coverage requirements for screening mammography. The bill would provide specifically as follows:

Amends section 44-785 by adding in new definitional language to define diagnostic imaging and supplemental breast screening and to redefine screening mammography.

Adds language to require different insurance coverage requirements for screening mammography of women under forty years of age that have a family history of breast cancer.

Decreases the age requirement for annual mammograms of women from 50 years of age to 40 years of age

Adds language stating that any individual or group sickness and accident insurance policy or health benefit plan that provides coverage for screening mammography shall provide coverage for diagnostic imaging or mammography, diagnostic ultrasound, and supplemental breast screening.

Repeals the original section being amended.

AM 354 would amend LB145 as follows:

Removes subsection (1) added with LB145 that provided new definitions for the statute.

Clarifies ultrasound as meaning bilateral whole breast ultrasound and diagnostic imaging as meaning diagnostic magnetic resonance imaging, and adds digital breast tomosynthesis as a covered service under the statute.

Adds a condition stating that the identified increased risk of breast cancer must be based upon the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnostic version 1.2022, and in the case of subsection (1)(vii) of the section, must be based upon national standard risk models or the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis (without reference to a specific version).

Adds language that specifies what type of risk factor (family or personal history, breast biopsy, etc.) is required for access to different types of screenings under the statute.

Limits the application of deductibles or copayments under the statute to diagnostic magnetic resonance imaging for a woman based on heterogeneous or dense breast tissue.

Removes language stating that the section does not apply if the covered individuals are provided an ongoing screening mammography program which at a minimum meets the requirements of this section as a separate benefit.

Restores the stricken language of subsection (3) that included clarification and definitions of terms used in the statute.

Adds a new section to LB145 that identifies the operative date as January 1, 2024.

Oral Testimony:

Proponents:

Senator Eliot Bostar, Introducer

Mary Jane Glade, Healthcare Provider
Brandi Preston, Self
Kim Danielson, Self
Margaret Woeppel, Nebraska Hospital Association
Danielle Henricksen, Nebraska Hospital Association
Ann Ames, Independent Insurance Agents of Nebraska
Kelli Eihusen, Self
Alan Thorson, Nebraska Medical Association
Michelle Wehrly, Self
Annie Hasselbach, Self
Tanya Martin-Dick, Self
Shawan McCarville, Self
Laura Schabloske, Nebraska Cancer Coalition
Lina Bostwick, Nebraska Nurses Associations
Sarah Virus, Self
Opponents: None
Neutral:
Jeremiah Blake, Blue Cross and Blue Shield of Nebraska
Robert Bell, Nebraska Insurance Federation

Vote Results:

Aye: Senators Aguilar, Ballard, Bostar, Dungan, Jacobson, Kauth, von Gillern, Slama

Nay:

Absent:

Present Not Voting:

LB383 (Bostar) as amended by AM235 Change provisions relating to insurance coverage for screenings for colorectal cancer (Section 2 of AM484)

The bill would amend section 44-7,102, a statute that deals with insurance coverage requirements for colorectal cancer screening. The bill would provide specifically as follows:

Amends 44-7,102 by changing the language in the statute that explains what type of colorectal cancer screenings are covered. Specifically, the section removes the fecal occult blood test language and replaces it with screenings that are covered under the statutes to include preventative screening test as approved by the United States Preventative Services Task Force.

Adds language stating that on or after December 31, 2023, no policy, certificate, or contract, delivered, issued for delivery, or renewed in this state, or any self-funded employee benefit plan, to the extent not preempted by federal law, shall impose a deductible, coinsurance, or any other cost sharing requirements for screening colonoscopies, including those performed as a result of a positive non colonoscopy stool-based preventive screen test as approved by the United States Preventive Services Task Force.

Removes language in 44-7,102 which stated that the statute does not prevent the application of deductible or copayment provisions contained in the policy certificate contract or employee benefit plan or require that such coverage be extended to any other procedures.

Section 2 repeals the original section being amended.

AM 235 would amend LB383 as follows:

Make a technical correction to the title United States Preventive Services Task Force.

Adds a condition stating that the screening colonoscopies referred to in subsection (2) of the bill only includes those screening colonoscopies recommended by the United States Preventive Services Task Force.

Removes the condition that noncolonoscopy stool-based preventive screen tests be approved by the United States Preventive Services Task Force.

Oral Testimony:

Proponents:

Senator Eliot Bostar, Introducer

Alan Thorson, NE Cancer Coalition & NE Medical Association

Jina Ragland, AARP Nebraska

Lina Bostwick, NE Nurses Association

Opponents: None

Neutral:

Robert Bell, Nebraska Insurance Federation

Vote Results:

Aye: Senators Aguilar, Ballard, Bostar, Dungan, Jacobson, Kauth, von Gillern, Slama

Nay:

Absent:

Present Not Voting:

LB437 (Ballard) Change the renewal period for business entity licenses under the Insurance Producers Licensing Act (Section 4 of AM484)

The bill amends section 44-4054 of the Insurance Producers Licensing Act (Act) to change the renewal period for business entity licenses from annual to biennial. The bill specifically does as follows:

Amends section 44-4054 to change the renewal period for business entity licenses issued under the Act from April 30 of every year to April 30 of each even-numbered year.

States an operative date of April 30, 2024.

Repeals the original section being amended.

Oral Testimony:

Proponents:

Senator Beau Ballard, Introducer

Eric Dunning, NE Department of Insurance

Cathy Klasi, Professional Insurance Agents of Nebraska

Caitlin Holman, Nielsen Strategy Group on Behalf of BIG I

Korby Gilbertson, NE Association of Health Underwriters

Opponents: None

Neutral: None

Vote Results:

Aye: Senators Aguilar, Ballard, Bostar, Dungan, Jacobson, Kauth, von Gillern, Slama

Nay:

Absent:

Present Not Voting:

LB779 (Bostar) as amended by AM264 Limit the amount an insured pays for prescription insulin drugs (Section 5 of AM484)

The bill would create a new statute that would cap the price of insulin for insured Nebraskans at \$35 for a 30-day supply. The bill would provide specifically as follows:

Creates a new statute that states that beginning January 1, 2024, (a) any individual or group sickness and accident insurance policy or subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, and (b) any self funded employee benefit plan to the extent not preempted by federal law, which provides reimbursement for prescription insulin drugs shall limit the total amount that a covered individual is required to pay for a covered prescription insulin drug to a maximum of thirty-five dollars per thirty-day supply of insulin, regardless of the amount or type of insulin needed to fill the covered individual's prescription.

Allows insurers to reduce the amount below thirty-five dollars should they choose to.

Describes prescription insulin drug to mean a prescription drug that contains insulin and is used to treat diabetes.

AM 264 would amend LB779 as follows:

The amendment adds a new section, an exception in LB779, stating that if, due to national shortage of an insulin drug, a covered individual cannot access a covered prescription insulin drug on the lowest brand or generic tier of the policy, contract, or plan, the policy, contract, or plan shall ensure access to an insulin drug at a maximum of thirty-five dollars per thirty-day supply, until such time that the national shortage ends to prevent disruptions in patient access to insulin.

Changes references to "a covered prescription" to "each covered prescription".

Specifies covered prescription insulin drug to mean covered prescription insulin drug on the policy's, contract's or plan's lowest brand or generic tier.

Removes language that previously made the section applicable to all types of insulin.

Oral Testimony:

Proponents:

Senator Eliot Bostar, Introducer

Dr. Leslie Spry, Nebraska Medical Association

Aanya Mishra, Self

Kelsey Arends, Nebraska Appleseed

Suzan DeCamp, AARP Nebraska

Andy Hale, Nebraska Hospital Association

Opponents: None

Neutral:

Jeremiah Blake, Blue Cross and Blue Shield of Nebraska

Robert Bell, Nebraska Insurance Federation

Vote Results:

Aye: Senators Aguilar, Ballard, Bostar, Dungan, Jacobson, Kauth, von Gillern, Slama

Nay:

Absent:

Present Not Voting:

LB392 (Ballard) as amended by AM337 Authorize the electronic delivery of certain health benefit plan documents (Section 6 of AM484)

The bill would create a new statute within our existing insurance statutes that would authorize the electronic delivery of certain health benefit plan documents. The bill would provide specifically as follows:

Creates a new section relating to insurance. The first subsection defines health benefit plan and plan sponsor. The second subsection states that a plan sponsor of a health benefit plan may, on behalf of covered persons in the plan, provide the consent to the delivery of all communications related to the plan by electronic means and to the electronic delivery of any health insurance identification card if, before consenting on behalf of a covered person, a plan sponsor takes certain identified actions.

AM 337 amends LB 392 by adding language to specify that the definition of health benefit plan as used in the section does not include any coverage pursuant to a liability insurance policy, including medical payments insurance issued as a supplement to a liability insurance policy, or a workers' compensation insurance policy.

Oral Testimony:

Proponents:

Senator Beau Ballard, Introducer

Jeremiah Blake, NE BCBS

Robert Bell, NE Insurance Federation

Korby Gilbertson, NE Association of Health Underwriters

Brent Smoyer United Health Group

Opponents: None

Neutral: None

Vote Results:

Aye: Senators Aguilar, Ballard, Bostar, Dungan, Jacobson, Kauth, von Gillern, Slama

Nay:

Absent:

Present Not Voting:

Additional committee amendment provisions:

1. Original section 44-1993 and section 44-7,102 are repealed (Section 8 of AM484)
2. Original section 44-785 is repealed (Section 9 of AM484)
3. Original section 44-4054 is repealed (Section 10 of AM484)
4. Sections 1 and 9 of AM484 become operative on January 1, 2024 (Section 7 of AM484).
5. Sections 4 and 10 of AM484 become operative on April 30, 2024 (Section 7 of AM484).

6. The other sections of AM484 become operative on their effective date (Section 7 of AM484).

Julie Slama, Chairperson